

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/606899</div>	FILING DATE
							APPLICANT(S)	
<div style="font-size: 1.2em; font-family: cursive;">12-13-04 CLAIMS</div>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		1		1		1	53	
4		1		1		1	54	
5		1		1		1	55	
6		1		1		1	56	
7		1		1		1	57	
8		3		3		3	58	
9		2 ³		2		3	59	
10		7		7		10	60	
11				1		1	61	
12			1		1		62	
13				1		1	63	
14				1		1	64	
15				1		1	65	
16							66	
17							67	
18							68	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		2		2		TOTAL IND.	
TOTAL DEP.	18		35		17		TOTAL DEP.	
TOTAL CLAIMS	19		25		19		TOTAL CLAIMS	